

K 944

APPLICATION FOR IDENTIFICATION CARD						DATE OF APPLICATION 7 Dec 56	
I. APPLICATION							
APPLICATION IS HEREBY MADE FOR AN IDENTIFICATION CARD:							
<input checked="" type="checkbox"/> FIRST APPLICATION		<input type="checkbox"/> TO REPLACE LOST CARD (Explain on reverse side)			<input type="checkbox"/> TO REPLACE DAMAGED OR ERRONEOUS CARD		
PERSONNEL DATA							
LAST NAME - FIRST NAME - MIDDLE NAME (Print or type) LAUNAGS, Fredis					POSITION TITLE OR STATUS Foreign Affairs Assistant		COUNTRY AND SERVICE (If other than USAF) DAC
GRADE Capt. (Assimilated)		SERVICE NO. (If military)		EXPIRATION DATE OF ENL OR APMT		I CERTIFY THAT THIS INFORMATION IS CORRECT (Signature) <i>Fredis Launags</i>	
DATE OF BIRTH 7 Jun 19	WEIGHT 155	HEIGHT 5'11"	COLOR HAIR Brown	COLOR EYES Blue			
BLOOD TYPE O-Pos	RELIGION Lutheran	OTHER IDENTIFYING FEATURES Eyeglasses					
II. INDORSEMENT							
I CERTIFY THAT THE ABOVE INFORMATION HAS BEEN VERIFIED AND IS CORRECT (Except as follows:) <i>1 copy only</i>					TYPED NAME, GRADE (If military) AND POSITION TITLE <i>[Signature]</i>		
III. ACKNOWLEDGMENT OF RECEIPT							
FORM ISSUED (Check one)	<input type="checkbox"/> DD FORM 2AF	EXPIRATION DATE		DATE		SIGNATURE OF APPLICANT	
	<input type="checkbox"/> DD FORM 2AF (RES)						
	<input type="checkbox"/> DD FORM 489	CARD NUMBER					
	<input checked="" type="checkbox"/> AF FORM 1277	002134					

AF FORM 279  
1 APR 55

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

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CENTRAL INTELLIGENCE AGENCY  
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NAZI WAR CRIMES DISCLOSURE ACT  
DATE 2006